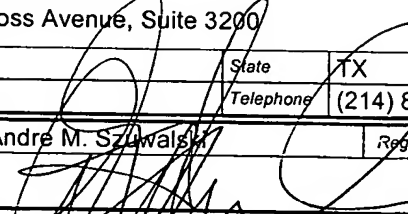


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PTO/SB/05 (08-03)

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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | | Attorney Docket No. 64476-00005USPX | |
| | | First Inventor Kapil Dixit | |
| | | Title CONTENT ADDRESSABLE MEMORY CELL ARCHITECTURE | |
| | | Express Mail Label No. EV 227 870 301 US | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> | |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 28] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure | | a. <input type="checkbox"/> Computer Readable Form (CRF) | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] | | b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper | |
| 5. Oath or Declaration [Total Sheets] a. <input type="checkbox"/> Newly executed (original or copy) | | c. <input type="checkbox"/> Statements verifying identity of above copies | |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> | | ACCOMPANYING APPLICATION PARTS | |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ | | 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | |
| 19. CORRESPONDENCE ADDRESS | | 13. <input type="checkbox"/> Preliminary Amendment | |
| <input type="checkbox"/> Customer Number: _____ OR <input checked="" type="checkbox"/> Correspondence address below | | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> | |
| Name JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION Andre M. Szuwalski | | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | |
| Address 1445 Ross Avenue, Suite 3200 | | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | |
| City Dallas State TX Zip Code 75202 | | 17. <input checked="" type="checkbox"/> Other: Declaration, unsigned, with ADS, 3 pages | |
| Country US Telephone (214) 855-4500 Fax (214) 855-4300 | | | |
| Name (Print/Type) Andre M. Szuwalski Registration No. (Attorney/Agent) 35,701 | | | |
| Signature  Date February 19, 2004 | | | |

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Dated: February 19, 2004

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(Andre M. Szuwalski)

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